

Massage or Spa Establishment License Application

In addition to obtaining an occupation tax certificate pursuant to the Chapter 10 Ordinance, all persons, firms or corporations operating or desiring to operate a massage or spa establishment shall, before engaging in such trade, business or profession, make application for a license in the form and manner prescribed in the Chapter 10 City Ordinance.

If the applicant is a partnership, limited liability company, corporation, or other legal entity, the application must be executed by an officer, member, partner or shareholder, as applicable, and, if a different person, the employee or agent primarily responsible for the operation of the massage or spa establishment. The applicant to operate a massage establishment must be the owner of the premises wherein the business will be conducted or the holder of a lease thereon for the period to be covered by the certificate.

There shall be an annual regulatory fee, consisting of a nonrefundable investigative fee and a license fee, for each massage and spa establishment licensed within the city. The full regulatory fee shall be paid with the license application and shall not be prorated under any circumstances. If the applicant withdraws the application or the license is denied, the applicant shall be refunded the full license fee paid. No refund shall be allowed once the license has been issued.

All licenses granted hereunder shall be for the calendar year and expire on December 31 of each year. Each subsequent application shall be treated as an initial application and the applicant shall be required to comply with all rules and regulations for the granting of licenses as if no previous license had been held. Existing licensees shall file applications by December 1 of each year for the following license.

Effective October 21, 2013, new massage and spa establishments will only be permitted in locations zoned C-2 and M. Please contact the Zoning Department to ensure the location you are seeking is permitted allowable use for massage and spa services.

Please submit the following Massage or Spa Establishment License Application and required supplemental materials (detailed in the following checklist) in person to the Finance Department located at 41 Perimeter Center East, Suite 250, Dunwoody, GA 30346. If you have questions, please do not hesitate to contact the Finance Department at 678.382.6700.

Massage or Spa Establishment License Application

BUSINESS INFORMATION							
BUSINESS NAME/DBA						LICENSE (assigne	# ed by the City)
LOCATION ADDRESS		SUITE	CIT	Y		STATE	ZIP CODE
BUSINESS PHONE	EMAIL AD	DRESS	•		WEBSI	TE ADDRESS	5
MAILING ADDRESS				CITY		STATE	ZIP CODE
FEDERAL ID (FEIN) OR SSN (So Proprietor/Owner)		DATE BUSI CITY	NESS	OPENED IN	_	OCCUPATIO IFICATE #	N TAX
BRIEFLY DESCRIBE ALL BUSINE	ESS ACTIVI	TIES AT ES	STABL	ISHMENT	•		
APPLICANT/LICENSEE NAME – agent primarily responsible for					yee or	PRIMARY C	ONTACT PHONE
MANAGERS OR SUPERVISORS massage therapist license or L picture I.D. If a State license, a	Dunwoody i	work perm	it info	ormation. Atta	ach a co	py of a gov	ernment issued
NAME		TITL	E/OC	CUPATION		PHONE #	
HOME ADDRESS, CITY, ST &	ZIP			STATE	LIC OR (CITY PERMIT	¯ #
(2) NAME		TITL	E/OC	CUPATION		PHONE #	
HOME ADDRESS, CITY, ST &	ZIP			STATE	LIC OR (CITY PERMIT	Γ#
CORPORATE OR OWNER INF	ORMATIO	N					
TYPE OF OWNERSHIP (check or	ne)						
☐ CORPORATION	☐ FC	DREIGN CO	RP	SOLE PROP	RIETOR	☐ PARTN	IERSHIP
CORPORATE/OWNER NAME					COPOR	ATE/OWNER	R PHONE
CORPORATE/OWNER ADDRESS				CITY		STATE	ZIP CODE
OFFICERS, PARTNERS OR ST shareholders holding a 10% of with at least a 10% interest, list if necessary.	r greater o	wnership ii	nteres	st in such lega	I entity.	If there is	no shareholder
(1) NAME		TITL	E/OC	CUPATION		PHONE #	
HOME ADDRESS, CITY, ST & APPLICABLE	ZIP				<u> </u>	6 OF SHARE	S, IF
NAME		TITL	E/OC	CUPATION		PHONE #	

HOME ADDRESS, CITY, ST & ZIP APPLICABLE				% OF SHAF	RES, IF	
(3)						
	FITLE/OCCUF	PATION		PHONE #		
HOME ADDRESS, CITY, ST & ZIP APPLICABLE				% OF SHAF	RES, IF	
_(4)						
NAME T	TITLE/OCCUF	PATION		PHONE #		
HOME ADDRESS, CITY, ST & ZIP APPLICABLE				% OF SHAF	RES, IF	
(5)						
	FITLE/OCCUF	PATION		PHONE #		
HOME ADDRESS, CITY, ST & ZIP APPLICABLE				% OF SHAF	RES, IF	
APPLICATION MUST BE COMPLETE THE CITY OF DUNWOODY,	_				оп то	
	<u>FEES</u>					
(a) License Fee						\$200.00
(b) Background Investigation (Each owner, officer, director, and partner)		# of Checks	X	\$50.00	\$	
member, or shareholders holding a 10% of ownership interest in such legal entity, or is no shareholder with at least a 10% interest of shareholders with the greatest ownershinterest shall all consent to a background investigation for a period of 10 years prior date of application for such license.)	or greater if there rest, the hip					
(c) Work Permit Fee						\$50.00
(d) Total Amount Due					\$	

Make checks or money order payable to: City of Dunwoody

APPLICANT CHECK LIST: (For Applicant to Check as Each Item is Completed and Attached to Application)
☐ Completed application with full payment of all regulatory fees, notarized.
Registered Agent Information Form." The registered agent must reside in DeKalb County.
☐ "Authorization for Background Investigation" form for all applicable persons, officers, directors, partners, members and shareholders who do not have a State Massage Therapist License.
Completed "Massage Therapist and Employee List" with work permit and/or State license information. See "Massage Work Permit Application" for specifics on which individuals are required to apply for and obtain a Dunwoody work permit.
☐ "Affidavit Verifying Lawful Presence Within the United States" must be completed by the applicant.
☐ Attach a copy of your valid City of Dunwoody Business Occupation Tax Certificate.
☐ Attach a copy of applicant's valid driver's license.
☐ Attach copies of all State licenses for all applicable personnel in the company.
► REFER TO THE CITY OF DUNWOODY MUNICIPAL CODE CHAPTER 10, ARTICLE IX, MASSAGE ESTABLISHMENTS AND SPAS, FOR A COMPLETE REFERENCE TO THE CITY'S REGULATIONS.
Georgia, DeKalb County
I,
Print Name and Title of Applicant
Signature of Applicant
Subscribed and sworn to before me
This the day of, 20
(Clerk/Notary Public)
My commission expires:

O.C.G.A. § 50-36-1(e)(2) Affidavit Verifying Status for City Public Benefit

This form is required for ALL LICENSES/PERMITS by State Law

By executing this affidavit under oath, as an applicant for a <u>massage regulatory license</u>, as referenced in O.C.G.A. § 50-36-1, from the City of Dunwoody, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

 I am a United States citizen (Must include copy of either current State Driver's License, Passport, 	or Military ID)
2) I am a legal permanent resident of the United State (Must include a copy of your current State Driver's License and either Resident Card or Employment Authorization Card)	
I am a qualified alien or non-immigration Nationality Act with an alien number issued by the E Security or other federal immigration agency.** (Must include a copy of your current State Driver's License and either Resident Card or Employment Authorization Card)	and Department of Homeland
**My alien number issued by the Department of H federal immigration agency is:	
The undersigned applicant also hereby verifies that he or she is 18 year provided at least one secure and verifiable document, as required by with this affidavit. The secure and verifiable document provided with this affidavit can best be secure and verifiable document.	O.C.G.Ā. § 50-36-1(e)(1),
In making the above representation under oath, I understand that any particular willfully makes a false, fictitious, or fraudulent statement or representat guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties a statute.	ion in an affidavit shall be
Executed in (city), (state).	
Signature of Applicant	Date
Printed Name of Applicant	
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF	, 20
My Commission Expires	::

Background Check Consent Form

***PLEASE NOTE: Background Checks are only performed between the hours of 9AM-11AM and 1PM-3PM on Tuesdays and Thursdays.

I authorize the **<u>Dunwoody Police Department</u>** to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

Print Full Name:						
Maiden Name/Previous Nar	ne/Alias Info:_					
Date:	Telep	ohone Num	ber:			
Driver's License No:			DL State:			
Are you a U.S. Citizen?	Yes	No				
If no, you will need to ha	ave your Gree	en Card av	ailable. Country of Birth:			
Date of Birth:	Race:	Sex:	Social Sec#:			
Street Address:						
City:	County:		State:Zip:			
Business Name:						
Business Address:						
Signature of Applicant:_						
For Finance Dept Use On	ly:					
 Only Background Check & Fingerprints (No Permit Required) Only Background Check (No Permit Required) Return Results to Finance Department Massage Permit (Photo, Background Check, Fingerprints)Issue to Applicant (Exp. 1 yr) 						
Employee Completing:			te Complete:			
Record Attached:		Nc	Record:			

Registered Agent Form

	NAME	NAME		NAME				
	Last:	First:	•	Middle:				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date of Birth: / /		Social Secu	urity Number:				
Agent ormat	Home Address:		City/State/	/Zip:				
A Info	Are you a U.S. Citizen?	Home Telephone	e Number:	Business Telephone Number:				
	Sex: ☐ Male ☐ Female	BIRTHPLACE City:		BIRTHPLACE State:				
Business	Business Name:							
Busi	Street Address:		City/State/	/Zip				
ap a Or re I, re	pplying for or holding a massage of registered agent for service of produce. The registered agent gistered agent if they live in DeKa	establishment or process of any nor must live in I lb County.	spa license otice perm DeKalb Co , do hand/or dire	n 269(a6) requires every business to have and continuously maintain itted by law under the Chapter 10 unty. The owner can be their own nereby consent to serve as the actors of the above business and to city of Dunwoody Ordinance Chapter				
), Article IX, and Section 269(a6).		Data					
SI	gnature of Agent:		Date:					
ag Fa	gent. It is the owner's responsibilities to maintain a registered a assage establishment or spa licens	lity to maintain a gent shall be g	a registered	the person shown above to be their agent who lives in DeKalb County. suspension or revocation of your				
	Licensee Name							
	Licensee's Signature	Date						
Owner's Name One picture taken within the la								
	Owner's Signature	Date	- C	are required. Attach one picture of the agent here on each form.				
	Officer's Name	Title	Title					
	Officer's Signature	Date						

Massage Therapist and Employee List

Each business holding a massage or spa establishment license, as required by the City, shall maintain and file with the City's revenue division the name of all massage therapists, including independent contractors, and employees, their home addresses and home telephone numbers, their duties and services performed for the massage or spa establishment and whether such employee has a state license or city work permit. The licensee shall report any changes in the list of massage therapists and employees to the City's revenue division within ten (10) days from the date of such change.

▶ City work permits are required for all on-premises owners, managers or supervisors who are in charge of managing the massage establishment as required by the City and who do not otherwise hold a license issued under Article IX of Chapter 10 of the Code of the City of Dunwoody, and massage therapists not possessing a state-issued massage therapist license who desire to engage in the business, trade or profession of massage therapy or manage a massage and/or spa establishment. A work permit does not authorize an individual to perform any activity requiring state licensure.

Attach copies of state licenses with government issued picture I.D. for all Georgia licensed massage therapists.

(1)		
NAME OF EMPLOYEE		DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT
HOME ADDRESS, CI	TY, STATE & ZIP	HOME PHONE NUMBER
STATE MASSAGE TH OR CITY WORK PERI	ERAPIST LICENSE # MIT #	LICENSE OR PERMIT EXPIRATION
(2)		
NAME OF EMPLOYEE		DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT
HOME ADDRESS, CI	TY, STATE & ZIP	HOME PHONE NUMBER
STATE MASSAGE TH OR CITY WORK PERI	ERAPIST LICENSE # MIT #	LICENSE OR PERMIT EXPIRATION
(3)		
NAME OF EMPLOYEE		DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT
HOME ADDRESS, CI	TY, STATE & ZIP	HOME PHONE NUMBER
STATE MASSAGE TH OR CITY WORK PERI	ERAPIST LICENSE # MIT #	LICENSE OR PERMIT EXPIRATION
(4)		
NAME OF EMPLOYEE		DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT
HOME ADDRESS, CI	TY, STATE & ZIP	HOME PHONE NUMBER
STATE MASSAGE TH		LICENSE OR PERMIT EXPIRATION

(Continued on Next Page)

Employee List Continued

(5)		
(5)	NAME OF EMPLOYEE	DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT
	HOME ADDRESS, CITY, STATE & ZIP	HOME PHONE NUMBER
	STATE MASSAGE THERAPIST LICENSE # OR CITY WORK PERMIT #	LICENSE OR PERMIT EXPIRATION
(6)	NAME OF EMPLOYEE	DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT
	HOME ADDRESS, CITY, STATE & ZIP	HOME PHONE NUMBER
	STATE MASSAGE THERAPIST LICENSE # OR CITY WORK PERMIT #	LICENSE OR PERMIT EXPIRATION
(7)		
	NAME OF EMPLOYEE	DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT
	HOME ADDRESS, CITY, STATE & ZIP	HOME PHONE NUMBER
	STATE MASSAGE THERAPIST LICENSE # OR CITY WORK PERMIT #	LICENSE OR PERMIT EXPIRATION
(8)	NAME OF EMPLOYEE	DUTTIES & SERVICES REPEARMED FOR THE ESTABLISHMENT
	NAME OF EMPLOYEE	DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT
	HOME ADDRESS, CITY, STATE & ZIP	HOME PHONE NUMBER
	STATE MASSAGE THERAPIST LICENSE # OR CITY WORK PERMIT #	LICENSE OR PERMIT EXPIRATION
(9)	NAME OF EMPLOYEE	DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT
	NAME OF EMPLOYEE	DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT
	HOME ADDRESS, CITY, STATE & ZIP	HOME PHONE NUMBER
	STATE MASSAGE THERAPIST LICENSE # OR CITY WORK PERMIT #	LICENSE OR PERMIT EXPIRATION
(10)		
	NAME OF EMPLOYEE	DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT
	HOME ADDRESS, CITY, STATE & ZIP	HOME PHONE NUMBER
	STATE MASSAGE THERAPIST LICENSE # OR CITY WORK PERMIT #	LICENSE OR PERMIT EXPIRATION

► Attach a separate list if necessary ◀

Massage Work Permit Application

Applications must be completed in full and submitted to Revenue in person between the hours of 9:00am – 11:00am or 1:00pm – 3:00pm, Tuesdays & Thursdays. Submit the completed application with a government-issued picture I.D., completed "Affidavit Verifying Lawful Presence Within the United States," and payment in the amount of \$100.00 (\$50 permit fee, \$50 background check fee).

City work permits are required for all on-premises owners, managers or supervisors who are in charge of managing the massage establishment as required by the City and who do not otherwise hold a license issued under Article IX of Chapter 10 of the Code of the City of Dunwoody, and massage therapists not possessing a state-issued massage therapist license who desire to engage in the business, trade or profession of massage therapy or manage a massage and/or spa establishment. A work permit does not authorize an individual to perform any activity requiring state licensure.

l.	Applicant Name:			Social Security Number:	
	Last Name	First Name			
	Gender: (Check One) Male or	Female Maid	len, Married, Alias or C	Other Names Used:	
	Date of Birth:/	_ Driver's Lice	ense Number:		State Issued:
	Race:	Birthplace: ((City, State & Country)		
	Phone:	Пното	Email Address:		
II.	Address Information – list all home needed.				
	Current Address:			Apartment/Unit:_	
	City:	_State:	_Zip Code:	Period: (mm/yy)/	to/
	Previous Address:			Apartment/Unit:_	
	City:	_State:	_Zip Code:	Period: (mm/yy)/	to/
	Previous Address:			Apartment/Unit:_	
	City:	_State:	_Zip Code:	Period: (mm/yy)/	to/
III.	Have you been arrested and/or co	ony within the past five (5	i) years?		
(Check One) Yes or No If yes, please explain below:					
IV.	Establishment Name & Street:				
	Applicant Signature:			Date:	